

#### EMPLOYMENT FORM

Passport Photograph	Left Index Finger Print	Right Index Finger Print	Signature
Name:			
Contact Telephone No.:			
(Please fill the nearest bus stop)			
(Please fill the nearest bus stop)			
Personal Telephone No.	.:	E-mail Address	:
Sex:	Driving License No.: -	Int. Pas	ssport No.:
Nationality:		State of Origin:	
Local Govt.:		Home Town:	
Date of Birth:		Place of Birth:	
Marital Status:		Spouse Name:	10114
Spouse Address:(Please fill the nearest bus stop)			
BVN:	Т	elephone No.:	
PFA Name:			
RSA No.:			
NHF No.:			

¶ 6, Olusoji Idowu Street, Ilupeju, Lagos, (Nig.) □ 09087222874

P.O. Box 5450, Shomolu, Lagos. info@icsoutsourcing.com





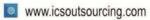


Next of Kin:	Relationship:
Address of Next of Kin:(Please fill the nearest bus stop)	
Telephone:	
Name of Children (Max. of 4) – Last Child First Name	Date of Birth

Institution(s)	Qualification (s)	Date Obtained	Grade
Attended	Obtained / course of study	rsoul	

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Courses attend	ded with Dates:
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This As they	
Special:	
<del>Vi</del>	
-	
-	
	other special training knowledge, or experience You
have acquired	not covered in the above section:
7	
<del></del>	
Language spo	ken
State any other	er two languages
English	Fluent Good Fair
	Fluent Good Fair
	Fluent Good Fair
	Tun Sood I Tun
Current/Last	Employment History
1. Dates: From	n:To:
	dress of Company (Please indicate nearest Bus Stop):
rvame and rva	diess of company (1 lease indicate hearest bus stop).
	D 0
Post held and	Duration:
Details of Res	sponsibilities:

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Salary:
Reasons for leaving:
Any outstanding loan:
Repayment plan:
Have you been involved in any issue while at work? Yes or no (insubordination, disciplinary issues, cash shortage, loss of client's Properties or the likes etc please tick as applicable). What happened?
Have you been involved in executing or initiating any special Project?: Yes or No If yes please explain further:  Have you led any team to a successful project completion?
Yes or No. If yes, please explain further:
Have you played any social role? Yes or No. If yes please give Details of such role(s):
2. Dates: From To:
Name and address of Employer:(Please fill the nearest bus stop)
Post held and
Details of Responsibilties
- OHTSOHRCING

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Salary	
Reasons for leaving:	
3. Dates: From	To:
Name and address of Emp (Please fill the nearest bus stop)	oloyer:
Post held and	
Details of Responsibilties	
Salary	
Reasons for leaving:	
-	To:
Name and address of Emp (Please fill the nearest bus stop)	ployer:
Post held and	
Details of Responsibilties	
Salary	

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Medical History
Have you suffered from any major illness?
If so, when?
Type of Illness:
Duration of illness:
Have you had any major illness? Yes / No:  If yes, please give details
If required to undergo a medical checkup, would you agree? Yes / No  Extra Curricular Activities
Give details of your hobbies
Additional Information
Probable date of resumption:
Notice required from present Employer
Expected Salary: N

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should be indicated)	and closest bus stop/major road
I. Previous Employer	2. Last Employer
Name:	z. zast zmprojer
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Address: Please fill the nearest bus stop)	
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Office/Mobile Telephone:	Office / Mobile Telephone
3. Personal	4. Personal
Referee Name:	4.1 61301141
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Office Name:	
office rune.	SOHROH
Office Address:	<u>-</u>
(Please fill the nearest bus stop)	
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Department:	
- T.	-
	*
2	201
Office/Personal Telephone:	Office / Personal Telephone

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# The Business Support Solutions Company

	DECLARATION  Ideclare that the statements made in this Application Form and
	in any documents supplied by me to support my application are, to the best of my knowledge and belief, factually correct and true.
	I understand that, should any such statements be found to be false or misleading, manapplication will be subject to review and may be terminated.
	Signature /Date
	For official use only
	Date of Interview:
	Client Location of the interview:
	Summary of the Interview:
	Medical examination report:
	Expected date of resumption:
	Processed by:
	Signature/Date:
	Verification Unit Comments:
	References Confirmed By:
	Academic
	Personal
	Previous Employer
	Signature/Date:
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